MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/568929 FILING DATE

APPLICANT(S)

CLAIMS

ļ	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ™ AMENDMENT	
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TOTAL CLAIMS	40		0		0	

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TOTAL IND.	0	\cap	0	①	0	\cap
TOTAL DEP.	0	\Diamond	0	\Diamond	0	
TOTAL	0		0		0	

PTO - 1360 (REV. 04/2007)

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